

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587329

FILING DATE

30 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
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14	1		1			
15		1		1		
16		2		1		
17		2		1		
18		1		1		
19	1		1			
20		1		1		
21		2		1		
22		2		1		
23	1		1			
24	1		1			
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34	1		1			
35	1		1			
36		2		1		
37		2		1		
38	1		1			
39		1		1		
40	1		1			
41		1		1		
42	1		1			
43		1		1		
44		2		1		
45		1		1		
46	1		1			
47	1		1			
48						
49						
50						
TOTAL IND.	14	↓	13	↓		↓
TOTAL DEP.	44	←	34	←		←
TOTAL CLAIMS	58		47			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						